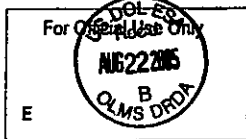


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - <u>10852</u>	2 Fiscal Year Covered From: <u>01 / 1 / 2004</u> Through <u>12 / 31 / 2004</u>
3 Name and address of person filing Name <u>Fred Romine</u>  P O Box, Bldg, Room No, if any  Street <u>2719 Armstrong Lane</u>  City <u>Dayton</u>  State <u>Ohio</u> ZIP Code + 4 <u>45414</u>	4. Name, file number, and address of labor organization Name <u>Teamsters Local Union No. 957 002881</u> Labor Organization File Number  P O Box, Building and Room Number, if any <u>P.O. Box 13357</u>  Street <u>2719 Armstrong Lane</u>  City <u>Dayton</u>  State <u>Ohio</u> ZIP Code + 4 <u>45414</u>
5 Position in labor organization <u>Employee</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name  Trade Name, if any  P O Box, Bldg, Room No, if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income          7 b. Amount

### Signature

15 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)		
Signed <u>Fred Romine</u>	On _____ Date	(937) 278-5781 Telephone Number

Name of Person Filing		Fred Romine		File Number U-	
<p><b>B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested</b></p>					
<p><b>8 Name and address of Business (including trade name, if any)</b></p> <p>Name</p> <p>Trade Name, if any</p> <p>P O Box, Bldg , Room No , if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>			<p><b>9 Business deals with</b></p> <p>a Labor Organization</p> <p>b Trust</p> <p>c Employer</p>		
<p><b>10 If 9 b or 9 c is checked give trust or employer's name</b></p> <p>Name</p> <p>Trade Name, if any</p> <p>P O Box, Bldg , Room No , if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>			<p><b>11 a Nature of such dealing</b></p> <p><b>11 b Approximate dollar value of such dealing</b></p> <p><b>12 a Nature of interest held or income received</b></p> <p><b>12 b Amount</b></p>		

Name of Person Filing	Fred Romine	File Number U-
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name, if any)  Name  Trade Name, if any  P O Box, Bldg , Room No , if any  Street  City  State ZIP Code + 4	9 Business deals with  a Labor Organization  b Trust  c Employer	
10 If 9 b or 9 c is checked give trust or employer's name  Name  Trade Name, if any  P O Box, Bldg , Room No , if any  Street  City  State ZIP Code + 4	11 a. Nature of such dealing	
	11 b. Approximate dollar value of such dealing.	
	12 a Nature of interest held or income received	
	12 b Amount	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)  Name Teamsters-Ohio Contractors Association Health and Welfare Fund Trade Name, if any  P O Box, Bldg , Room No , if any  Street 435 South Hawley St.  City Toledo  State Ohio ZIP Code + 4 43609	14 a Nature of payment.  2/04 - Brd. Mtg. in Columbus (lodging and meals) \$147.24  6/04 - Brd. Mtg. in Columbus (lodging and meals) \$134.93  8/04 - Dinner Mtg. at Yanke Trace \$33.85 11/04 - Brd. Mtg. in Columbus (lodging and meals) \$121.77 12/04 - IFEBP Annual Conf. in New Orleans \$2,467.61	
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment \$ 2,905.40	